DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CENTER FOR SUBSTANCE ABUSE TREATMENT

GRANTS TO EXPAND SUBSTANCE ABUSE TREATMENT CAPACITY IN TARGETED AREAS OF NEED

SHORT TITLE: TARGETED CAPACITY EXPANSION

Program Announcement (PA) No. PA 00-001
Part I - Programmatic Guidance

Catalog of Federal Domestic Assistance (CFDA) No. 93.230

Under the authority of Section 501(d)(5) of the Public Health Service Act, as amended (42 U.S.C. 290aa), and subject to the availability of funds, the SAMHSA Center for Substance Abuse Treatment will accept applications in response to this Program Announcement for the initial receipt date of April 19, 2000.

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Part I - PROGRAMMATIC GUIDANCE
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[Note to Applicants: To prepare an application, PART II, "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements" (February 1999 edition), must be used in conjunction with this document, PART I, "Programmatic Guidance."]

SECTION I. OVERVIEW

Purpose

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of funds for grants to expand substance abuse treatment capacity in targeted areas for a targeted response to treatment capacity problems and/or emerging trends. This program, hereinafter referred to as Targeted Capacity Expansion, is designed to address gaps in treatment capacity by supporting rapid and strategic responses to demands for substance abuse (including alcohol and drug) treatment services in communities with serious, emerging drug problems as well as communities with innovative solutions to unmet needs. This Program Announcement (PA) is a reissuance (with revisions) of a prior Guidance for Applicants (GFA) by the same title, "Targeted Capacity Expansion," GFA No. TI 99-002. Please note that a specially targeted HIV Targeted Capacity Expansion announcement will be published at a later time.

Eligibility

Only units of local (cities, towns, counties) governments and Indian Tribes and tribal organizations (as defined in the Indian Self-Determination Act--25 USC, section 450b) are eligible to apply. Because States receive substantial funding for substance abuse treatment services via the Substance Abuse Prevention and Treatment (SAPT) Block Grant. SAMHSA/CSAT is trying to target specific local needs that address national treatment priorities. Eligibility is restricted to local governmental entities. It is required, however, that applicants coordinate with their Single State Agency (SSA) for Alcohol and Drug Abuse. While SAMHSA recognizes the role of State governments in addressing substance abuse issues, eligibility is being limited in recognition of the primacy of local governments' responsibility for and interest in providing for the needs of their citizens, and because the success of the program will depend upon their authority and ability to broadly coordinate a variety of resources. In order to ensure the highest level of authority and endorsement of the proposed project, a letter signed by the Chief Executive Officer of the city, town, or county (e.g., the Mayor or County Executive) or the Tribal Authority for Indian Tribes and tribal organization applicants must accompany each application. The letter of endorsement signed by the appropriate authority must be included in Appendix 2 entitled, "Letters of Coordination/Support."

In addition, in order to foster the coordination of services within a State, SAMHSA/CSAT is requiring local governmental applicants to send a copy of their application to the SSA for Alcohol and Drug Abuse for review and comment. SSA comments will be taken into consideration by SAMHSA/CSAT in its award decision-making process (see Section V Special Considerations/Requirements). Indian Tribe and tribal organization applicants constitute an exception; they are not required to submit a copy of their applications to the SSA.

Applicants are encouraged to engage (coordinate/subcontract) the skills of private, non-profit and community-based organizations not eligible to apply on their own because they are not a governmental entity. Each applicant must submit an integrated application describing both the applicant's roles and responsibilities (including plans for continuation beyond Federal support, if applicable) and the roles and responsibilities of their subgrantees/contractors. This is not a pass-through grant program. "Umbrella" applications will not be accepted for peer review, and a cover letter will not be accepted in lieu of the aforementioned integrated application. The applicant, i.e., unit of government/tribal organization, will be legally, administratively, and fiscally responsible for the grant.

Providers of services must be in compliance with all local, city, county, and/or State licensing and/or accreditation/certification requirements, and must also have been providing substance abuse treatment services for a minimum of two years prior to the date of application. Licensure and any documentation of accreditation as well as documentation of two years experience must be provided in the application in Appendix 1 entitled, "Certification of Experience/Licensure/Accreditation." Without documentation of licensure/accreditation (or a statement as to why licensure is not required by the local/State government) and at least two years of experience as of the application receipt date, applications will be considered ineligible and will not be considered for peer review. SAMHSA believes that only existing experienced providers have the infrastructure and expertise to provide services as quickly as possible.

Availability of Funds

It is estimated that up to $30 million will be available to support awards under this PA in FY 2000. Awards are expected to range from $100,000 to a maximum of $500,000 in total costs (direct and indirect). Approved project budgets in excess of $500,000 will be reduced accordingly. Actual funding levels will depend upon availability of appropriated funds.

Period of Support

Support may be requested for a period of up to three (3) years. Annual awards will be made subject to continued availability of funds to SAMHSA/CSAT and progress achieved by the applicant.

Section II. PROGRAM DESCRIPTION

Supporting Documentation

Information reported by SAMHSA underscores a significant disparity between the availability of services for alcohol and drug abusers and the demand for such services. It is estimated, based on various studies, that there are 3-5 million individuals who use and abuse alcohol and other drugs and

who significantly impact the utilization of and the cost to the health care, juvenile justice, welfare, child welfare and other publicly funded social support systems. However, currently, of these individuals, only 1.8 million can be served through the existing publicly funded treatment system. By providing needed treatment services, this program is intended to reduce the health and social costs to the public of substance abuse and dependence, and increase the safety of America's citizens by reducing substance abuse related crime and violence.

Substance abuse patterns vary greatly regionally and locally across the United States, from increased heroin use in the Northeast to methamphetamine use in the Midwest and Southwest. This fact, coupled with the significant gap between available treatment capacity and current demand, often impedes the existing treatment system's ability to respond quickly to changing needs. Drug use patterns also vary demographically. The National Household Survey on Drug Abuse (NHSDA) indicates increases in substance abuse indices for many subpopulations and the need for expanded treatment resources in many geographic areas (SAMHSA, Office of Applied Studies, 1998).

The Substance Abuse Prevention and Treatment (SAPT) Block Grant could, statutorily, be used by States and other government entities to address the need for treatment services. However, because these funds typically are used to provide operational support to maintain the baseline of services across the country, it is often difficult to quickly redirect these funds to meet unexpected or emerging demands for specific treatment. While local governments generally attempt to target resources to service needs by incorporating available data in their planning and allocation strategies, funding limitations and other factors may adversely affect their ability to address newly identified treatment gaps rapidly.

Target Population

To encourage the substance abuse treatment system to become more responsive and bridge the gap between what is needed and what is known to meet those needs more effectively, CSAT has identified the target groups for this initiative as substance abusers and their families in need of substance abuse treatment as provided in residential, day or outpatient programs.
Data collected by the States indicate that certain racial and ethnic groups have historically been under-represented in client populations and among substance abuse providers.

If the proposed project intentionally excludes any one of the populations mentioned in the Population Inclusion Requirement section in Part II, other than those projects which are specifically targeted to a particular group by design, then a justification for the exclusion must be included.

Program Plan

Goal

The goal of this program is to enhance or expand a community's ability to provide a comprehensive,

integrated, creative and community-based response to a targeted, well documented substance abuse treatment capacity problem. Two types of grant applications will be considered: **1) Expansion Grants**: The purpose of expansion grants is to increase access and availability of services to a larger number of hard-to-reach clients in need of treatment. Specific funding and/or expertise limitations may have restricted the applicant's ability to address the need for alcohol or drug-specific services in the target area. Data supporting such need could include waiting list data or documentation of the extent to which local demand for treatment exceeds existing capacity. **2) Enhancement Grants**: The purpose of enhancement grants is to improve the quality and dosage/intensity of services, including adding state-of-the-art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse treatment program may need to add intensive case management referral and follow-up services to address related HIV, TB, hepatitis B and C, and other primary health care needs of substance abusing clients. (See definitions section.)

Design

A project may take a variety of approaches to accomplish its purpose and goals, and meet the needs of the targeted population in the target areas. Applicants are expected to: identify clinical and service delivery approaches that are culturally responsive, appropriate, and sensitive; improve the identification of clinical treatment needs and address those needs; determine the best approaches for outreach, engagement, and retention of hard to reach populations; and propose and describe state of the art treatment modalities. CSAT has a substantial interest in funding projects that address a variety of concerns, including but not limited to the following:

- Outreach strategies to expand treatment services to under-served populations in geographic areas, such as rural communities and inner cities.

- Innovative practices directed at access and utilization for specific high-risk populations, such as HIV-positive clients, physically or cognitively disabled clients, and the dually diagnosed, and the effectiveness of alternative strategies for overcoming these barriers.

- Service system models to improve the quality and effectiveness of drug abuse treatment services, including matching, referral, and other linkage processes.

- Improvement of linkages and liaisons with other supportive services (e.g., outreach, transportation, child care, psychological services, housing, nutrition and diet, vocational programs, family assistance, and legal services) to enhance client outcome or programs providing brief interventions.

- Programs designed to expedite referrals to treatment from the child welfare system.

- The implementation of school-based (including colleges and universities) substance abuse screening and referral.

- Programs designed to find chronic drug users and their sex and/or needle-sharing partner(s) in order to: 1) encourage and facilitate entry into substance abuse treatment; 2) provide medical diagnostic services for HIV, hepatitis B and C, STDs, and TB; and 3) provide the information, skills, and other prophylactic means to effect those behavior changes most likely to decrease the risks of acquiring or transmitting HIV and related diseases.

- Programs designed to address a change in local substance use patterns, such as the incursion of inhalants or methamphetamine, resulting in a need for new, drug-specific services. Data could be presented on the availability of the new drug in the area coupled with local emergency room data on increasing admissions related to use of that drug and arrests for possession or sales of the drug.

- The incidence of HIV/AIDS, STDs and hepatitis B and C among drug-affected and impacted communities and populations may warrant increased attention and priority as well as specific outreach, education/information, treatment and referral services.

- Programs designed to accommodate the work preparation needs of women entering or returning to the work force as a result of welfare reform. The reform of the welfare system in 1996 requires that welfare recipients, predominantly, female heads of household, return to or enter the work force. However, the data suggest that there are significant levels of substance abuse, dependence, and family dysfunction among this group. Without effective treatment, continuing care, and therapeutic child care services for their children, these individuals are unlikely to succeed in transitioning to work, sustaining appropriate health and social services for their children, maintaining a job or improving job performance. The rapid implementation of welfare reform and its success may require additional treatment capacity for women and their children in many communities especially as welfare agencies become more proficient in identifying their remaining caseloads with these barriers to employment. Data supporting such need could include information about the impact of welfare reform on the target community, their needs in transitioning to work, and the extent to which resources are available to meet those needs.

- Housing and financial instability and homelessness are correlated with loss of contact with substance abuse, physical and mental health treatment, relapse prevention, and related support services. The incidence and impact of homelessness in the community may warrant specific outreach, case management, treatment and referral services to address the complexity of the problems experienced by homeless, addicted individuals who are infected with HIV/AIDS, hepatitis B and C, and other related diseases.

- The elderly and individuals with physical and emotional disabilities are often overlooked as populations with risk factors for substance abuse. However, studies show higher rates of substance abuse among disabled populations (Adalf, Smart & Walsh, 1992; Young et al.,

1995). Elderly people and people with disabilities who are substance abusers face all the issues and problems of non-disabled substance abusers.

- The implementation of an alternative sentencing program in the juvenile justice system to address a documented increase in the need for community-based substance abuse treatment for adolescents.

- An increase in treatment services in prisons and jails could lead to a significant increase in the need for community-based treatment services. This could be documented by explaining the policy changes that led to more treatment in the prison along with data on the numbers of former prisoners treated in the jails and prisons and returning to the applicant's community. However, funds under this announcement are not available for services to incarcerated populations.

Section III. PROJECT REQUIREMENTS

Project Summary: In 5 lines or fewer, 72 characters per line, applicants must provide a project summary for later use in publications, reporting to Congress, press releases, etc., should the application be funded. This may be the first 5 lines of the Project Abstract.

All applicants must provide the information specified below under the proper section heading. The information requested relates to the individual review criteria in Section IV.

A. Project Description

Statement of the Problem

- The governmental entity applying is expected to describe the problem to be addressed fully (i.e., the unmet targeted treatment need or emerging problem) and provide substantial documentation of the extent of the need. In addition, the applicant must describe the geographic area that will have access to the expanded services and provide recent (within last five years) population numbers for that area. Documentation may come from a variety of qualitative and quantitative sources. The quantitative data could come from locally generated data or trend analyses, from State data such as that available through State Needs Assessments and/or through national trend data such as that available from the National Household Survey on Drug Abuse. Applicants must also describe the available resources and why they are insufficient or inappropriate to respond to the increased treatment demand.

Target Population

- Applicants must define the target population. A justification for any exclusions under SAMHSA's Population Inclusion Policy described in Part II must be provided. Applicants who wish to identify and respond to more than one treatment capacity problem shall submit a

separate application for each identified issue. As a general rule, separate applications should be developed if the applicant proposes that individuals in the target population will be divided into separate groups and the groups will be provided different services (e.g., adults with children, adults/adolescents; women/men, migrant/urban). If the applicant can appropriately treat different groups using the same services (e.g., brief interventions for marijuana and alcohol abuse), a single application must be submitted.

Purpose and Goal(s)

- **!** Applicants are expected to state clearly the purpose of the proposed project and how it will address the stated problem and achieve the project's goals.

- **!** Applicants must clearly state their goal(s) and objective(s) using an outline form.

- **!** Applicants must also clearly state the expected contributions to the field, including innovations, e.g., adaptations to meet the needs of specific populations, and/or the expansion of service capacity.

B. Project Plan

Design

Applicants must:

- **!** Propose either to expand or enhance an existing treatment project, which includes adding a new service to meet the need/emerging trend. If an existing project is to be **expanded,** the applicant must fully describe the existing project, including the current number of slots available and the number of people being served; provide evidence that the expanded component of the project (including the number of additional slots requested) is, or can be expected to be (on the basis of scientifically-based theory or evidence), effective in meeting the defined need. Applicants must document the feasibility of expanding the project to significantly impact the defined need within the three years of funding.

  If a project is to be **enhanced,** fully describe the current program now providing services, then describe the enhancement component and provide evidence that it has been effective in similar settings or can be expected to be effective on the basis of scientifically based theory or evidence. Also, the applicant must document the feasibility of implementing the project in time to significantly impact the defined need within the three years of funding.

  In addition, all applicants must demonstrate that the project has the ability to provide substance abuse treatment at costs comparable to local or prevailing projects.

- Describe and justify the design chosen for the project. Provide relevant literature review/supporting documentation and data to support the chosen approach. The design must reflect current state of knowledge regarding culturally competent services in this area and appropriate discussion that demonstrates how the referenced citations relate to the design being proposed and the population to be served.

- Provide strategies for involving the target population or key stakeholders in the initial design, and throughout the implementation of the project.

- Clearly state how the proposed design will meet the needs of the specified group/target population in the designated environmental conditions and appropriately addresses age, race/ethnic, cultural, language, sexual orientation, ability, literacy, and gender issues in the proposed design activities such as models, outreach, intervention, and/or services, including adaptations to strategies.

- Describe how this project will impact SAMHSA priorities related to HIV/AIDS and/or alcohol, and/or co-occurring disorders, when applicable.

- Present a plan for continuation of the effort beyond the life of the grant should such continuation be necessary. [SAMHSA expects the applicant (city, town, county, or Indian Tribe or tribal organization) to provide this plan.] Applicants should also describe how the enhanced or expanded project will be embedded within a comprehensive, integrated and community-based response to issues fueled by substance abuse and dependence. SAMHSA is particularly interested in funding approaches that coordinate with the wealth of existing community based resources that may successfully impact the issue and that will complement the expansion of treatment services. Examples of such resources include, but are not limited to: community focused educational and preventive efforts; school based activities such as after school programs; private industry supported work placements for recovering persons; faith based organizational support; and involvement of ethnocentric community resource centers. The integration of disparate human services that, in fact, focus on the same populations is also seen as a possible component of a strategic intervention.

- Identify the role of subrecipients and collaborators in responding to the targeted need and the proposed resources or services committed/available to potential clients. Letters of support from participating and coordinating organizations should be included in Appendix 2 entitled, "Letters of Coordination/ Support." These could include Memoranda of Understanding between applicant and other providers/organizations, Letters of Commitment outlining type and extent of support and dosage of services to be provided and Client Referral Agreements.

Methodology and/or Evaluation

Applicants must:

- Describe and justify the proposed evaluations that will be conducted, including service implementation and outcomes which focus on barriers and facilitators to services.

- Demonstrate the use of culturally competent, age and gender appropriate instruments and strategies, where appropriate.

- Describe strategies for documenting adaptations made to the instruments, intervention, and/or implementation plan.

- Include clear goals and quantifiable objectives for the grant period and present a sound and feasible evaluation plan for documenting that the grantee has met the goals and objectives set forth in the application. At a minimum, quantitative objectives must be set for the number of individuals to be served with grant funds, the types and numbers of specific services to be provided, the outcomes to be achieved by the individuals served, and the applicant's overall progress in reducing substance abuse in the targeted community or area (for example, the applicant's progress in addressing the targeted treatment capacity problem).

Measures/Parameters/Indicators

Applicants must:

- Clearly state the appropriate assessments that will be utilized to measure the results of the program.

Data Collection and Analyses

Applicants must:

- Specify what data will be collected to demonstrate results and accomplishment of the purpose and goal(s) of the project. Examples of possible services variables include cost effectiveness, quality of delivery, accessibility, utilization, organization structures, staffing patterns, cost benefit of treatment/prevention, client outcomes, etc.

- Show how the evaluation will demonstrate effectiveness of proposed interventions in achieving the goals of the program. Applicants must clearly state when, because of the target population to be served or the type of services to be provided, one or more goal is inappropriate and will not be addressed.

- Comply with GPRA including but not limited to the collection of SAMHSA's Core Client Outcomes. Applicants must state the procedures that will be put in place to ensure compliance with GPRA and the collection of Core Client Outcomes at baseline, 6 and 12 month follow-ups. For a more detailed description of CSAT's GPRA Strategy, refer to Appendix C. CSAT's

GPRA Client Outcome Measures for Discretionary Programs are included as Appendix D.

- Address culturally appropriate data collection and target population recruitment and retention strategies.

- Describe how the data will be managed and analyzed to provide reliable and valid findings and include how the target population or key stakeholders will be involved in the interpretation of the data. If applicable, describe how the findings will be reported and disseminated.

- Describe how adherence/fidelity to the design and implementation plan will be achieved, and how results will be assessed as valid, i.e., construct validity.

C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

Applicants must address the following categories:

- Implementation Plan: Describe the expected project management/implementation plan and time line that includes specific activity, target date for completion, and responsible persons. The Management and Implementation Plan should be described for both the applicant organization (government entity) and the subrecipient.

- Implementation Fidelity: Describe the plan to evaluate the processes of implementation and the adherence of interventions and procedures to those proposed for both the applicant and the subrecipient. Applicants should discuss evaluation of processes and services outcomes.

- Organization Capability: Describe capability and experience with similar projects and populations. Describe the extent to which the applicant organization and subrecipient have collaborated or plan to collaborate with other service agencies, institutes, non-profits, Tribal Councils, National Tribal organizations, universities, clinics, or grass roots/community based organizations.

- Staff and Staffing Plans: Describe how the proposed staffing pattern and the qualifications and experience of the staff of both the applicant and subrecipient are appropriate and adequate for implementation of the project, including proposed consultants and subcontractors. Describe the extent to which the staff reflect the target population and demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, sexual orientation, and other cultural factors related to the targeted population.

- Equipment and Facilities: Describe the adequacy and availability of resources and equipment. Provide evidence that the activities or services are provided in a location/facility that is adequate

and accessible and that the environment is suitable to the population to be served.

- Budget and Other Support: Provide a detailed reasonable budget including all identified potential expenses required to achieve successful completion of the project plan and management. Illustrate how the proposed activities and implementation plan are feasible given the stated budget. If applicable, describe additional resources that will be utilized to implement this project and propose a plan to secure resources in order to phase out or extend this project beyond the federally funded program years.

- Governmental Oversight: The applicant organization must describe how it will oversee the subrecipient, including a description of fiscal oversight, evaluation of the effectiveness of the project, and course of action should the subrecipient not perform as expected.

Applicants must provide an Organizational Structure/ Time Line/Staffing Patterns chart as Appendix 3, for both the applicant and the subrecipient.

Post Award Requirements

CSAT has available a variety of evaluation tools that grantees may find useful in developing, or augmenting, their existing capacity to collect the types of data that will be required. Post award support will be provided to the grantees through the provision of clinical and programmatic technical assistance; assistance with data collection, reporting, analysis and publication; and assistance with evaluating the impact of expanded services as well as the community-based strategic initiative.

Grantees will be required to attend (and, thus, must budget for) up to four (4) technical assistance meetings in the first year of the grant, and up to two (2) meetings in each of the remaining years. A minimum of two persons (Program Director and the Program Evaluator) are expected to attend.

Section IV. REVIEW of APPLICATIONS

Guidelines

Applications submitted in response to this PA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA review procedures outlined in the Review Process section of Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing the application.

The review criteria A-C below correspond to subsections A-C in Section III above to assist in the application process. Reviewers will respond to each review criterion on the basis of the information provided in response to Section III by the applicants. Therefore, it is important for applicants to

follow carefully the outline, headings, and subheadings when providing the requested information.

Applications will be reviewed and evaluated according to the review criteria that follow. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. The bulleted statements that follow each review criterion do not have weights. The assigned points will be used to calculate a raw score that will be converted to the official priority score.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

Review Criteria

A. <u>Project Description</u> (35 Points)

Statement of the Problem

- **!** Extent to which the problem, trend or need is understood and adequately defined in the governmental entity's application, as evidenced by supportive data, and relevant to project goals/issues and population(s) targeted in this PA.

- **!** Extent to which a solution for meeting the need is clearly demonstrated and potential impact on the community and targeted population is defined.

- **!** Quality of the presentation of the data used to document the nature and extent of the need (including local data, and State, regional or national data).

- **!** Documentation of the applicant's inability to respond to the unmet need with existing treatment resources.

Target Population

- **!** Extent to which the targeted population is clearly defined and appropriate for this PA.

- **!** If applicable, the extent to which adequate justification for exclusion was demonstrated.

Purpose and Goals

- **!** Extent to which the proposed project purpose moves toward resolution or resolves the stated problem, including an understanding of particular substance abuse/mental health issues related to the target population.

- Extent to which the applicant demonstrates an understanding of the goals and objectives of the program as defined in this PA.

- Extent to which the proposed project goal(s) will support meaningful and relevant results.

- Extent to which the achievement of those goals would expand or enhance capacity, advance the field, and, if applicable, be assessed as innovative (e.g., having developed adaptations of proven approaches to meet the needs of specific populations).

B. <u>Project Plan</u> (35 Points)

Design

- Extent to which the proposed service/intervention design addresses the PA's and proposed project's plans and goals.

- Extent to which the applicant's literature review demonstrates an understanding of the state-of-the-art and/or science related to the defined problem and proposed solution. The literature review must reflect current state of knowledge regarding culturally competent services in this area and appropriate discussion that demonstrates how the reference citations relate to the design being proposed and the population to be served.

- Extent to which the treatment component (for which funds are sought) to be added, enhanced or expanded demonstrates best practices as documented in the research and clinical literature or successful outcomes based on local outcome data.

- Extent to which the applicant demonstrates an "Adequate Participatory Planning Process" which involves individuals reflective of the target population in the preparation of the application, planned implementation of the project, and data interpretations.

- Extent to which the project plan is inclusive of and appropriately addresses age, race/ethnic, cultural, language, sexual orientation, disability, literacy, and gender issues in the proposed design activities such as outreach, intervention, and appropriate services.

- Extent to which HIV/AIDS and/or alcohol and/or co-occurring disorders will be addressed in the proposed project, when applicable.

- Extent to which the goals and objectives for the treatment component are achievable and realistic within the proposed time frame.

- Extent to which the applicant, i.e., governmental unit/tribal organization, has integrated the proposed treatment component with the larger community based response to substance abuse issues, in particular, approaches that coordinate with existing community based resources, including plans for continuing services after the grant is concluded, if appropriate.

- Extent to which the treatment strategy is cost-effective as compared with existing/customary treatment strategies.

Methodology and/or Evaluation

- Extent to which the applicant demonstrates that the methodology is conducive to service evaluations as well as appropriate for the targeted population.

- Appropriateness of measurement selection or evaluation instrument(s) with regard to validity and reliability. Appropriateness of the strategies for obtaining validity and reliability of measures to be developed for the target population.

- Appropriateness of strategies for documenting adaptations made to the instruments, interventions, and/or implementation plan.

Data Collection and Analyses

- Appropriateness of identified data to demonstrate results and accomplishment of the purpose and goals of the proposed project and CSAT's PA.

- Extent to which the applicant demonstrates the ability to identify, recruit, and retain the target population in treatment for the intended services.

- Appropriateness of strategies for data management, data processing and clean-up, quality control, and data retention.

- Appropriateness of evaluation and statistical strategies to provide reliable and valid findings.

- Extent to which target population is involved in the interpretation of the findings.

- Clarity/feasibility/appropriateness of the proposed project's post-execution evaluation plan to monitor the performance of the project.

- Quality of the indicators proposed to track the applicant's adherence/fidelity in implementing the identified treatment model and progress in addressing the targeted treatment capacity problem, as well as the applicant's overall progress in reducing substance abuse in the targeted communities or areas.

- Appropriateness of the proposed outcome measures in terms of reliability and validity for the target population including sensitivity to age, gender, sexual orientation, culture, and racial/ethnic characteristics of the target population.

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- Extent to which the proposed project can supply the necessary agency GPRA Core Client Outcome Data and data on the project's performance on adherence to intervention design, validity of results, dissemination of findings, and next steps.

C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (30 Points)

Implementation Plan

- Degree to which the governmental entity/Indian Tribe or tribal organization and subrecipient demonstrate the ability to implement the project in a timely fashion as reflected in a flow chart of implementation activities.

- Degree to which the governmental applicant and subrecipient can confirm the ability to hire appropriate staff in a timely manner, e.g., requisite administrative, legislative and/or tribal requirements/approvals are in place.

- Extent to which the proposed plan implements the design and is timely, feasible, achievable, and realistic.

- Sensitivity to cultural competence, language, age, gender, race/ethnicity, and sexual orientation issues as evidenced in staffing, project organization, implementation and resources.

- Appropriateness of plan to evaluate the processes of implementation and the adherence of interventions and procedures to those proposed.

Organization

- Capability and experience of the applicant organization with similar projects and populations.

- Extent to which there is collaboration with other service agencies, institutes, non-profit organizations, Tribal Councils, National Tribal Organizations, universities, colleges, clinics, community based or faith organizations.

Staff

- Evidence that the proposed staffing pattern is appropriate and adequate for implementation of the project for both the applicant organization and the subrecipient.

- Adequacy of the justification of the level of effort for each proposed staff member in the applicant organization and treatment program(s).

- Qualifications and relevant experience of the project director, program coordinator, and other key personnel, including proposed consultants and subcontractors.

- Extent to which the staff is reflective of the target population and can demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, sexual orientation, physical or cognitive disability, and other cultural factors related to the target population.

Equipment/Facilities

- Adequacy and availability of resources and equipment for the delivery of treatment services.

- Evidence that the services are provided in a location/facility that is adequate and accessible, and the environment is conducive to the population to be served.

Other Support

- Adequacy of additional resources not budgeted for that will be utilized to implement this project.

- Appropriateness of a plan to secure resources in order to extend this project beyond the federally funded program years, if applicable.

Governmental Oversight

- Adequacy of the description of the applicant organization's plans for overseeing the subrecipient, including a description of fiscal oversight, evaluation of the effectiveness of the project, and course of action should the subrecipient not perform as expected.

Note: Although the reasonableness and appropriateness of the proposed budget for each year of the proposed project are not review criteria for this PA, the Initial Review Group will be asked to consider them after the merits of the application have been considered.

Section V. SPECIAL CONSIDERATIONS/REQUIREMENTS

Single State Agencies for Alcohol and Drug Abuse Review and Comment

To ensure close coordination with the Single State Agencies for Alcohol and Drug Abuse (SSAs) in each State, applicants are required to send their SSA a copy of the application for review and comment. Indian Tribe and tribal organization applicants constitute an exception; they are not required to submit a copy of their applications to the SSA.

Applicants must include in Appendix 4 entitled, "Letter to SSA," a copy of the cover letter transmitting the application to the SSA for review and comment. The letter should inform the SSA that they are invited to review the application and provide comments directly to CSAT, and that their comments will be taken into consideration by the Director of CSAT in the award decision-making process. SSA comments should address the following for each application that an SSA wishes to comment on: 1) the degree to which the proposed project is consistent with existing State substance abuse treatment and prevention plans; 2) the extent to which the proposed project will serve the target populations cited in the PA; 3) the SSA's assessment of the applicant's and provider's capability; and 4) any other information the SSA considers to be pertinent to an award decision. SSAs should be instructed that their comments should be no longer than two pages. In order for comments to be considered in the award decision-making process, they must be submitted within 30 days after the receipt date for applications. SSA comments should be addressed to:

H. Westley Clark, M.D., J.D., M.P.H., Director
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, Maryland 20857
Atten: TCE Award Recommendations

Other SAMHSA policies and special considerations/requirements related to this program include:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2000 (The Healthy People 2000 priority area(s) related to this program are: alcohol and other drugs.)
- Consumer Bill of Rights and Responsibilities
- Promoting Nonuse of Tobacco
- Supplantation of Existing Funds (put documentation in Appendix 5)
- Letter of Intent
- Coordination with Other Federal/Non-Federal Programs (put documentation in Appendix 2)
- Intergovernmental Review (E.O. 12372)
- Confidentiality/SAMHSA Participant Protection (The SAMHSA Center for Substance Abuse Treatment Director has determined that projects funded under this program must meet SAMHSA's Participant Protection requirements.)

Specific guidance and requirements for the application related to these "bulleted" policies and special

considerations/requirements can be found in Part II in the section by the same name.

Section VI. APPLICATION PROCEDURES

All applicants must use application form PHS 5161-1 (Rev. 6/99), which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

PA 00-001 Targeted Capacity Expansion

For more specific information on where to obtain application materials and guidelines, see the Application Procedures section in Part II. Completed applications must be sent to the following address:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Applicants who wish to use express mail or courier service should change the zip code to 20817

Complete application kits for this program may be obtained from the National Clearinghouse for Alcohol and Drug Information (NCADI), phone number: 800-729-6686. NCADI's mailing address is provided in Part II.

APPLICATION RECEIPT AND REVIEW SCHEDULE

The initial schedule for receipt and review of applications under this PA is as follows:

Receipt Date	IRG Review	Council Review	Earliest Start Date
April 19, 2000	May 2000	May 2000	Sept. 2000

Thereafter, beginning with the September 10, 2000 receipt date, applications will be received and reviewed three times per year according to the following schedule:

Receipt Date	IRG Review	Council Review	Earliest Start Date
Sept. 10	Jan./Feb.	May	July 1
Jan. 10	May/June	Sept.	Dec. 1

May 10 Sept./Oct. Jan./Feb. Mar. 1

Applications must be received by the above receipt date(s) to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. (**NOTE: These instructions replace the "Late Applications" instructions found in the PHS 5161-1.) If the receipt date falls on a weekend, it will be extended to Monday; if the date falls on a holiday, it will be extended to the following work day.**

Applicants are advised that certain aspects of this program and one or more of the above receipt dates may be withdrawn, depending on the availability of funds. The SAMHSA Center for Substance Abuse Treatment will annually publish in the Federal Register a Notice of Funding Availability (NOFA) and a statement of the applicable receipt dates for this program. Applicants are strongly encouraged to verify receipt dates and terms of funding before preparing and submitting applications.

CONSEQUENCES OF LATE SUBMISSION

Applications received after the specified receipt dates are subject to assignment to the next review cycle, if any.

APPLICATION REQUIREMENTS/COMPONENT CHECK LIST

All applicants must use the Public Health Service (PHS) Grant Application form 5161-1 (Rev. 6/99) and follow the requirements and guidelines for developing an application presented in Part I Programmatic Guidance and Part II General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements.

The application should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the table of contents for the Program Narrative that follows, and must contain all the information necessary for reviewers to understand the proposed project.

To ensure that sufficient information is included for the technical merit review of the application, the Programmatic Narrative section of application must address, but is not limited to, issues raised in the sections of this document entitled:

1. Program Description
2. Project Requirements
3. Review of Applications

Note: It is requested that on a separate sheet of paper, the name, title, and organization affiliation of the individual who is primarily responsible for writing the application be provided. Providing this

information is voluntary and will in no way be used to influence the acceptance or review of the application. When submitting the information, please insert the completed sheet behind the application face page.

A **COMPLETE** application consists of the following components **IN THE ORDER SPECIFIED BELOW**. A description of each of these components can be found in Part II.

___FACE PAGE FOR THE PHS 5161-1 (Standard Form 424 - See Appendix A in Part II for instructions.)

___OPTIONAL INFORMATION ON APPLICATION WRITER (See note above)

___ABSTRACT (not to exceed 30 lines)

___TABLE OF CONTENTS (include page numbers for each of the major sections of the Program Narrative, as well as for each appendix)

___BUDGET FORM (Standard Form 424A - See Appendix B in Part II for instructions.)

___PROGRAM NARRATIVE (The information requested for sections A-C of the Program Narrative is discussed in the subsections with the same titles in Section III - Project Requirements and Section IV - Review of Applications. **Sections A-C may not exceed 25 single-spaced pages. Applications exceeding these page limits will not be accepted for review and will be returned to the applicant.**)

___A. Project Description

___B. Program Plan

___C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, Budget and Other Support

There are no page limits for the following sections D-G except as noted in F. Biographical Sketches/Job Descriptions. Sections D-G will not be counted toward the 25 page limitation for sections A-C.

___D. Literature Citations (This section must contain complete citations, including titles and all authors, for literature cited in the application.)

___E. Budget Justification/Existing Resources/Other Support

___Sections B, C, and E of the Standard Form 424A must be filled out according to the instructions in Part II, Appendix B.
___A line item budget and specific justification in narrative form for the first project year's direct

costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs).

___All other resources needed to accomplish the project for the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support "Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state "none." For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title).
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Brief description of the project.
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

___F. Biographical Sketches/Job Descriptions

A biographical sketch must be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length. In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length. The suggested contents for biographical sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.

___G. Confidentiality/SAMHSA Participant Protection

The information provided in this section will be used to determine whether the level of protection of participants appears adequate or whether further provisions are needed, according to SAMHSA Participant Protection (SPP) standards. Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below. Applicants should discuss how each element will be addressed, or why it does not apply to the project.

Note: So that the adequacy of plans to address protection of participants, confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear in other sections of the narrative, should be included in this section of the application as well.

1. <u>Protection from Potential Risks</u>:

(a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.

(b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.

(c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.

(d) Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. <u>Equitable Selection of Participants:</u>

Target Population(s):

Describe the socio-demographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

(a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.

(b) Explain the rationale for the use of special classes of subjects, such a pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.

(c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

(a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).

(b) If participants are paid or awarded gifts for involvement, explain the remuneration process.

(c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4. Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

(c) Provide, in Appendix No. 6, entitled "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that will be used or proposed to be used in the case of cooperative agreements.

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the

identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

6. Adequate Consent Procedures:

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

(b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for those who English is not their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

(c) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No. 7, entitled "Sample Consent Forms." If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

___APPENDICES (Only the appendices specified below may be included in the application. **These appendices must not be used to extend or replace any of the required sections of the Program Narrative.** The total number of pages in the appendices **CANNOT EXCEED 30 PAGES,** excluding all instruments.)

__ Appendix 1: Certification of Experience/Licensure/Accreditation
___Appendix 2: Letters of Coordination/Support
___Appendix 3: Organizational Structure/Timeline/Staffing Patterns
___Appendix 4: Copy of Letter to SSA
___Appendix 5: Non-Supplantation of Funds Letter
___Appendix 6: Data Collection Instruments/Interview Protocols
___Appendix 7: Sample Consent Forms

___ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM 424B)

___CERTIFICATIONS

___DISCLOSURE OF LOBBYING ACTIVITIES

___CHECKLIST PAGE (See Appendix C in Part II for instructions)

TERMS AND CONDITIONS OF SUPPORT

For specific guidelines on terms and conditions of support, allowable items of expenditure and alterations and renovations, applicants must refer to the sections in Part II by the same names. In addition, in accepting the award the Grantee agrees to provide SAMHSA with GPRA Client Outcome and Evaluation Data.

Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part II.

Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

AWARD DECISION CRITERIA

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG and the CSAT National Advisory Council review process.

Other award criteria will include:

- Availability of funds.
- Overall program balance in terms of geography (including rural/urban areas), race/ethnicity of proposed project population, and project size.
- Proposed budget in relationship to proposed total number of service recipients.
- Evidence of non-supplantation of funds.
- Presence of documentation verifying partnership and collaboration between community-based organizations and goals of capacity expansion/enhancement.
- (Except for proposals submitted by Indian Tribes and tribal organizations) any comments received from the State SSA.

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

Ken Robertson
Public Health Advisor
Treatment Systems Improvement Branch /Division of Practice and Systems Development
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 740
5600 Fishers Lane
Rockville, MD 20857
(301)443-7612

Questions regarding grants management issues may be directed to:

Christine Chen
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II, 6th Floor

5600 Fishers Lane
Rockville, Maryland 20857
(301)443-8926

APPENDIX A. BIBLIOGRAPHY

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APPENDIX B. WORKING DEFINITIONS

The following definitions, specific to this PA, are provided to assist potential applicants in understanding terms used in this PA.

Community
The aggregate of entities of interest for this program and/or for the proposed project. The community may be a general population, persons receiving or in need of services, or persons or other entities which deliver substance abuse treatment services. It could be one or more referral/service networks.

For example: All treatment services for a specific population of clients; specified substance abuse problems (methamphetamine, crack, chronic alcoholism, etc.); a particular sub-population (young children, seniors, chronic substance abusers (e.g., those with a history of treatment failures); all substance abuse and ancillary service providers serving a neighborhood or other specified locale or population; or a neighborhood or town.

Comprehensive Services
Refers to a broad array of treatment interventions, approaches, and support activities that address the client's addiction in the context of his or her social, psychological, economic, and medical needs. In addition to substance abuse treatment, these include services for (but is not limited to) physical and/or sexual abuse trauma issues, co-occurring disorders (mental illness and substance abuse), safe housing, transportation, child care, and vocational/educational training and employment. This also refers to appropriate assessment tools and protocols for identifying client needs, establishing treatment plans, and implementing high quality treatment services that are effective and culturally appropriate. CSAT's Model for Comprehensive Alcohol and Other Drug Abuse Treatment is included as Appendix E.

Cross-Site
Refers to prospective or pre-designed analysis of a common set of data collected across projects (funded under this PA) unique in design and activities. Cross-site differs from multi-site evaluations which collect data from a number of sites that are implementing the same program design. These cross-site activities are designed to respond to the Government's Performance and Results Act of 1993.

Culturally Competent - See Appendix D in Part II.

Enhanced Services
Refers to treatment activities to improve the quality or dosage (intensity/frequency) of services, including state-of-the-art treatment approaches to address unmet needs.

Evaluation (Project)
Project evaluations conducted under this PA are two tiered. *Compliance evaluation* must examine and assess compliance of project activities and outcomes with the approaches and results proposed and anticipated in the application and explain any significant divergence. *Evaluation of goals, objectives, and outcomes* (a)

addresses the degree to which the project answered the original questions and/or developed the approach(es)/ product(s) or result(s) intended, and (b) seeks to identify the reasons for achieving the goals and objectives, or not.

For example: Compliance evaluation of a project which was proposed with a timetable and specific tasks, neither of which could be adhered to in the "real world" of project implementation, would include a description of the deviations from the initial proposed plan and a discussion of the reasons for the deviations and their effects on the project results. In the same project, the deviations may have supported outcomes and achievements which were as good as those originally proposed, or even better; again, the discussion would include consideration of the quality of the results and outcomes.

Expansion of Services
Refers to an increase in the availability of treatment slots for a larger number of clients (specifically, hard to reach and under-served) in outpatient and/or residential settings.

Integrated Services/Service Integration
Refers to a broad range of strategies for minimizing/eliminating the burden on high-risk clients (with complex and multiple needs) who are least able (financially, physically, or emotionally) to cope with the fragmentation of services provided by different organizations, professionals, service systems and diagnosticians who share the same target population. Strategies include (but are not limited to) strengthening coordination within and between service systems; instituting multi-disciplinary approaches for assessing and treating the total person; and developing a comprehensive system of care based on formal collaborative agreements among service agencies and/or systems.

New Services
Refers to services that currently do not exist within the applicant's organization, and therefore are not available to the target population from the applicant's particular organization.

Program Admissions
Refers to persons who have gone through the Intake process and received initial services; hence, have been "admitted" into the program.

Program/Project
The term "program" refers to the broad range of activities supported by, and immediately relating to, this program announcement (PA). A "project" is an activity supported by a single grant made pursuant to this PA. For example: Under the comprehensive community treatment "program," "projects" may address clinical, systemic, or environmental aspects of substance abuse treatment.

Special Population
Persons receiving, or in need of, substance abuse treatment services, who collectively have been found to be difficult to identify and/or treat satisfactorily, and/or for whom treatment has not generally been proven effective. Populations may be special due to the complexity and number of their problems, their inaccessibility from

treatment providers (for geographic, socioeconomic, cultural, or financial reasons, etc.), and/or the difficulty experienced by treatment providers in their attempts to reach and address the population.

Subrecipient/Subgrantee/Contractor

Refers to an eligible entity who the applicant (i.e., unit of local government/tribal organization) has contracted with to provide substance abuse treatment services under the project.

Support

In the term "Letters of Coordination/Support," refers to signed agreements between participating organizations that will commit resources such as: dollars, services, service delivery units, staff, equipment, facilities, technical assistance, training, and the like. Such agreements must specify the range, type, and duration of services to be provided. Also, these services must be individualized and gender, age, developmentally, and culturally appropriate.

Treatment

Unless otherwise specified, the term "treatment" refers specifically and only to substance abuse treatment, and potentially includes all modalities and treatment environments and approaches. For example: A "treatment provider" is specifically understood to be a provider of substance abuse treatment services. "Treatment services" are the substance abuse treatment activities undertaken by the provider.

APPENDIX C

CSAT's GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or "as needed" to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.[1]
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project	An individual grant, cooperative agreement, or contract.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness

[1]GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing

feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSATs "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or "programmatic goals" for GPRA reporting purposes:

- Goal 1: Assure services availability;
- Goal 2: Meet unmet and emerging needs;
- Goal 3: Bridge the gap between research and practice;
- Goal 4: and Enhance service system performance[2]

The following table provides the crosswalk between the budget/statutory authorities and the "programs":

	KD&A	TCE	SAPTBG	NDC
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development
KA - Knowledge Application
NDC - National Data Collection/Data Infrastructure
SAPTBG - Substance Abuse Prevention and Treatment Block Grant
TCE - Targeted Capacity Expansion

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.[3] In the following sections, CSAT's performance monitoring plans for each

[2]Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

[3]Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will

of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)

- Increase % of adults receiving services who:
  - (a) were currently employed or engaged in productive activities;
  - (b) had a permanent place to live in the community;
  - (c) had no/reduced involvement with the criminal justice system.

- Percent decrease in
  - (a) Alcohol use;
  - (b) Marijuana use;
  - (c) Cocaine use;
  - (d) Amphetamine use
  - (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance

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be presented under Goals 2 and 3.

monitoring context:

- Were identified needs met?
- Was service availability improved?
- Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- Percent of adults receiving services increased who:
  a) were currently employed or engaged in productive activities
  b) had a permanent place to live in the community
  c) had reduced involvement with the criminal justice system
  d) had no past month use of illegal drugs or misuse of prescription drugs
  e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

- Percent of children/adolescents under age 18 receiving services who:
  a) were attending school
  b) were residing in a stable living environment
  c) had no involvement in the juvenile justice system
  d) had no past month use of alcohol or illegal drugs
  e) experienced reduced substance abuse related health, behavior, or social. consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This "program" or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to

policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- Knowledge was developed; and
- The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or "field reviewers", as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).[4] In addition, input on other topics (such as what additional work in the area may be needed, substantive and "KD process" lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This "program" involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.[5] Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

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[4]The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

[5]Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see "Enhance Service System Performance," below).

Activities in this program have the purpose of moving "best practices", as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a "best practice."[6] In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from "Promote the adoption of best practices" primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on "systems" rather than more broadly on "services." The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of "Promoting the adoption of best practices."

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to "real" management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

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[6]Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

APPENDIX D

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

CSAT GPRA Client Outcome Measures for Discretionary Programs

A. RECORD MANAGEMENT

Client ID |____|____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type 1. INTAKE 2. 6 month follow-up 3. 12 month follow-up

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following: **Number of Days**

a. Any Alcohol |____|____|

b. Alcohol to intoxication (5+drinks in one setting)

|____|____|

c. Other Illegal Drugs |____|____|

2. During the past 30 days, how many days have you used any of the following: **Number of Days**

a. Cocaine/Crack |____|____|

b. Marijuana/Hashish, Pot |____|____|

c. Heroin or other opiates |____|____|

d. Non prescription methadone |____|____|

e. PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline..... |____|____|

f. Methamphetamine or other amphetamines, Uppers |____|____|

g. Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics |____|____|

h. Inhalants, poppers, rush, whippets |____|____|

i. Other Illegal Drugs--Specify_____ |____|____|

3. In the past 30 days have you injected drugs? ○ Yes ○ No

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- ○ Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
- ○ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- ○ Institution (hospital., nursing home, jail/prison)
- ○ Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)

2. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

3. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

4. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full

time or part time?]

- ○ Not enrolled
- ○ Enrolled, full time
- ○ Enrolled, part time
- ○ Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

2a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

○ Yes ○ No

3. Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- ○ Employed full time (35+ hours per week, or would have been)
- ○ Employed part time
- ○ Unemployed, looking for work
- ○ Unemployed, disabled
- ○ Unemployed, Volunteer work
- ○ Unemployed, Retired
- ○ Other Specify_____

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from…

	INCOME								
a. Wages	$				,				.00
b. Public assistance	$				,				.00
c. Retirement	$				,				.00
d. Disability	$				,				.00
e. Non-legal income	$				,				.00
f. Other_____(Specify)	$				,				.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. **In the past 30 days, how many times have you been arrested?** |____|____| times
2. **In the past 30 days, how many times have you been arrested for drug-related offenses?** |____|____| times
3. **In the past 30 days, how many nights have you spent in jail/prison?** |____|____| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. **How would you rate your overall health right now?**
   - ○ Excellent
   - ○ Very good
   - ○ Good
   - ○ Fair
   - ○ Poor

2. **During the past 30 days, did you receive**

a. Inpatient Treatment for:	No	Yes ±	**If yes, altogether** for how many nights (DK=98)
i. Physical complaint	/	/	_____
ii. Mental or emotional difficulties	/	/	_____
iii. Alcohol or substance abuse	/	/	_____

b. Outpatient Treatment for:	No	Yes ±	**If yes, altogether** how many times (DK=98)
i. Physical complaint	/	/	_____
ii. Mental or emotional difficulties	/	/	_____
iii. Alcohol or substance abuse	/	/	_____

c. Emergency Room Treatment for:	No	Yes ±	**If yes, altogether** for how many times (DK=98)
i. Physical complaint	/	/	_____
ii. Mental or emotional difficulties	/	/	_____
iii. Alcohol or substance abuse	/	/	_____

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- ○ Male
- ○ Female
- ○ Other (please specify) _____

2. Are you Hispanic or Latino?

○ Yes ○ No

3. What is your race?

- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (Specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|
Month / Day / Year

APPENDIX E

Table I-E.— Center for Substance Abuse Treatment — Model for Comprehensive Alcohol and Other Drug Abuse Treatment

A model treatment program includes:

- **Assessment,** to include a medical examination, drug use history, psychosocial evaluation, and, where warranted, a psychiatric evaluation, as well as a review of socioeconomic factors and eligibility for public health, welfare, employment, and educational assistance programs.

- **Same day intake,** to retain the patient's involvement and interest in treatment.

- **Documenting findings and treatment,** to enhance clinical case supervision.

- **Preventive and primary medical care,** provided on site.

- **Testing for infectious diseases,** at intake and at intervals throughout treatment, for infectious diseases, for example, hepatitis, retrovirus, tuberculosis, HIV/AIDS, syphilis, gonorrhea, and other sexually transmitted diseases.

- **Weekly random drug testing,** to ensure abstinence and compliance with treatment.

- **Pharmacotherapeutic interventions,** by qualified medical practitioners, as appropriate for those patients having mental health disorders, those addicted to heroin, and HIV-seropositive individuals.

- **Group counseling interventions,** to address the unique emotional, physical, and social problems of HIV /AIDS patients.

- **Basic substance abuse counseling,** including psychological counseling, psychiatric counseling, and family or collateral counseling provided by persons certified by State authorities to provide such services. Staff training and education are integral to a successful treatment program.

- **Practical life skills counseling,** including vocational and educational counseling and training, frequently available through linkages with specialized programs.

- **General health education,** including nutrition, sex and family planning, and HIV/AIDS counseling, with an emphasis on contraception counseling for adolescents and women.

- **Peer/support groups,** particularly for those who are HIV-positive or who have been victims of rape or sexual abuse.

- **Liaison services** with immigration, legal aid, and criminal justice system authorities.

- **Social and athletic activities,** to retrain patients' perceptions of social interaction.

- **Alternative housing** for homeless patients or for those whose living situations are conducive to maintaining the addictive lifestyle.

- **Relapse prevention,** which combines aftercare and support programs, such as Alcoholics Anonymous and Narcotics Anonymous, within an individualized plan to identify, stabilize, and control the stressors which trigger and bring about relapse to substance abuse.

- **Outcome evaluation,** to enable refinement and improvement of service delivery.

Source: CSAT Technical Assistance Publication (TAP) 11: Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination PHD663.